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FORM 1		ORGANIZATION			FEC MAIL CENTER Office Use Only			
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M	(5		
Purple PA	Ç Inc.		111	 	<u> </u>			
		1747 Pennsy	/Ivania	a Ave NW				
ADDRESS (number and street) (Check if address is changed)		Suite 1000						
		Washington DC 20006						
			CITY		STATE	ZIP	CODE	
COMMITTEE'S E-MA	AIL ADDRES	S (Please provide only one	e-mail add	iress)				
(Check if is change	address	EDHCRANEGGMALL, COM.						
							1111	
COMMITTEE'S WEB	3 PAGE ADD	RESS (URL)						
(Check if is change	address						لىبىل	
2. DATE	5" ' <u>18</u> "							
3. FEC IDENTIFIC	CATION NU	MBER C	00544	569				
4. IS THIS STATE	MENT	NEW (N) OR	×	AMENDED (A)		·	<u>.</u>	
I certify that I have	examined thi	is Statement and to the be	est of my l	knowledge and belief i	it is true, corr	ect and complete	<i>e</i> .	
Type or Print Name	of Treasurer	Bradley A. S	Smith					
Signature of Treasur	rer	Bylet		<i></i>	Date 0	<u>6</u> " <u>1</u> 8°	2013	
NOTE: Submission of	•	ous, or incomplete information	•			•	of 2 U.S.C. §437g.	
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